

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1348	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/24/2009 TIME 17:09

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
RED BUD REGIONAL HOSPITAL 14-1348

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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ECR ENCRYPTION INFORMATION  
DATE: 11/24/2009 TIME 17:09

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mxmsW0GxhBlfpbnZKsm8Igh8YiztHc  
NeiiOgerv10hsjcw

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PI ENCRYPTION INFORMATION  
DATE: 11/24/2009 TIME 17:09

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MTD4J0fzEH1i1RR08vqywg6mAPg10p  
wzfp4c0TW30c7Dnc

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	174,950	-507,646	0
3	SWING BED - SNF	0	358,469	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	533,419	-507,646	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR RED BUD REGIONAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (07/2009)  
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA  
 PROVIDER NO: 14-1348  
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: ST. CLEMENT BLVD  
 01 CITY: RED BUD  
 P.O. BOX:  
 STATE: IL ZIP CODE: 62278- COUNTY: RANDOLPH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	RED BUD REGIONAL HOSPITAL	14-1348	2.01	7/ 1/2005	V XVIII XIX
04.00 SWING BED - SNF	RED BUD HOSPITAL	14-2348		8/10/2005	N O P
09.00 HOSPITAL-BASED HHA	RED BUD HOME CARE	14-7486		11/22/1989	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.		
26.01	SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	/ /
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	/ /
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	7/ 1/2005
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.	1	2
	ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0	0.0000 0.0000
		0.00	0
<p>A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)</p>			
28.03	STAFFING	%	Y/N
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
MISCELLANEOUS COST REPORT INFORMATION			
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL			
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V	XVIII XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	1 2 3	N N N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS)      N      N      N  
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)      N      N      N  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

LE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?      N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).      Y      449008  
40.01 NAME: COMMUNITY HEALTH SYSTEMS      FI/CONTRACTOR NAME WPS      FI/CONTRACTOR # 52280  
40.02 STREET: 4000 MERIDIAN BLVD      P.O. BOX:  
40.03 CITY: FRANKLIN      STATE: TN      ZIP CODE: 37067-  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?      Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?      N      00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)      N  
53.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.      0  
MDH PERIOD:      BEGINNING:      /      /      ENDING:      /      /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS:      113,065  
PAID LOSSES:      218,453  
AND/OR SELF INSURANCE:      0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.      N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.      N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?      N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.      N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRU). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRU).

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET S-3
	I TO 6/30/2009	I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	25	9,125	74,112.00			2,256	126
2	HMO						428	7
2	01 HMO - (IRF PPS SUBPROVIDER)						2,660	
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,125	74,112.00			4,916	126
12	TOTAL	25	9,125	74,112.00			4,916	126
13	RPCH VISITS							
18	HOME HEALTH AGENCY						3,768	97
24	RHC							
25	TOTAL	25						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES TITLE XVIII 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			3,088				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			2,660				
4	ADULTS & PED-SB NF			300				
5	TOTAL ADULTS AND PEDS			6,048				
12	TOTAL			6,048				
13	RPCH VISITS							
18	HOME HEALTH AGENCY			4,981				
24	RHC							
25	TOTAL							
26	OBSERVATION BED DAYS			94	4	90		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					602	54	945
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		130.65			602	54	945
13	RPCH VISITS							
18	HOME HEALTH AGENCY		12.77					
24	RHC							
25	TOTAL		143.42					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET S-4
I HHA NO:	I TO 6/30/2009	I
I 14-7486	I	I
I COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
-----------------	---------------------	-------------------	------------

1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT				

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.02	1.02
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5 OTHER ADMINISTRATIVE PERSONEL	.99	.99
6 DIRECTING NURSING SERVICE	5.43	5.43
7 NURSING SUPERVISOR		
8 PHYSICAL THERAPY SERVICE	3.89	3.89
9 PHYSICAL THERAPY SUPERVISOR		
10 OCCUPATIONAL THERAPY SERVICE	.49	.49
11 OCCUPATIONAL THERAPY SUPERVISOR		
12 SPEECH PATHOLOGY SERVICE	.04	.04
13 SPEECH PATHOLOGY SUPERVISOR		
14 MEDICAL SOCIAL SERVICE		
15 MEDICAL SOCIAL SERVICE SUPERVISOR		
16 HOME HEALTH AIDE	.95	.95
17 HOME HEALTH AIDE SUPERVISOR		
18		
HOME HEALTH AGENCY MSA CODES	1	1.01
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		41180
20.01		99914

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

FULL EPISODES		LUPA	PEP ONLY
WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4

21 SKILLED NURSING VISITS	1,644	0	28	5
22 SKILLED NURSING VISIT CHARGES	246,749	0	4,200	750
23 PHYSICAL THERAPY VISITS	1,557	0	1	0
24 PHYSICAL THERAPY VISIT CHARGES	230,436	0	148	0
25 OCCUPATIONAL THERAPY VISITS	229	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	33,892	0	148	0
27 SPEECH PATHOLOGY VISITS	65	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	11,050	0	170	0
29 MEDICAL SOCIAL SERVICE VISITS	5	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	740	0	0	0
31 HOME HEALTH AIDE VISITS	232	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	22,968	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,732	0	31	5
34 OTHER CHARGES	2,215	0	262	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	548,050	0	4,928	750
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	200	0	10	1
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,442	0	19	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET S-4
I HHA NO:	I TO 6/30/2009	I
I 14-7486	I	I
I COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

S ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,677
22 SKILLED NURSING VISIT CHARGES	0	0	251,699
23 PHYSICAL THERAPY VISITS	0	0	1,558
24 PHYSICAL THERAPY VISIT CHARGES	0	0	230,584
25 OCCUPATIONAL THERAPY VISITS	0	0	230
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	34,040
27 SPEECH PATHOLOGY VISITS	0	0	66
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	11,220
29 MEDICAL SOCIAL SERVICE VISITS	0	0	5
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	740
31 HOME HEALTH AIDE VISITS	0	0	232
32 HOME HEALTH AIDE VISIT CHARGES	0	0	22,968
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,768
34 OTHER CHARGES	0	0	2,477
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	553,728
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	211
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	7,461



## HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:  
14-1348

PERIOD:

FROM 7/ 1/2008  
TO 6/30/2009PREPARED 11/24/2009  
WORKSHEET S-10

## DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 71,593

17.01 GROSS MEDICAID REVENUES 860,683

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 932,276

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
DIVIDED BY COLUMN 8, LINE 103) .211204

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 5,655,531

HOSPITAL UNCOMPENSATED CARE DATA

I  
I  
I  
I

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
PROVIDER NO: 14-1348  
PERIOD: FROM 7/ 1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-10

## DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,194,471
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,310,255
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	276,731
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,194,471

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1348  
II PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT		129,908	129,908	59,526	189,434
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		524,777	524,777	233,328	758,105
5 0500	EMPLOYEE BENEFITS	107,651	72,413	180,064	924,041	1,104,105
6 0600	ADMINISTRATIVE & GENERAL	1,889,429	6,155,057	8,044,486	-2,254,259	5,790,227
8 0800	OPERATION OF PLANT	229,274	907,796	1,137,070	-73,064	1,064,006
9 0900	LAUNDRY & LINEN SERVICE		57,638	57,638		57,638
10 1000	HOUSEKEEPING	151,222	44,546	195,768	-11,781	183,987
11 1100	DIETARY		948,402	948,402	-221	948,181
12 1200	CAFETERIA					
14 1400	NURSING ADMINISTRATION	540,706	142,645	683,351	-31,342	652,009
15 1500	CENTRAL SERVICES & SUPPLY	34,471	242,118	276,589	-185,676	90,913
16 1600	PHARMACY	218,937	429,391	648,328	-391,947	256,381
17 1700	MEDICAL RECORDS & LIBRARY	185,892	144,849	330,741	-15,121	315,620
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	952,967	612,840	1,565,807	-19,568	1,546,239
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	376,551	103,394	479,945	11,309	491,254
40 4000	ANESTHESIOLOGY	349,041	62,505	411,546	-10,169	401,377
41 4100	RADIOLOGY-DIAGNOSTIC	477,011	843,621	1,320,632	-115,351	1,205,281
44 4400	LABORATORY	383,546	616,650	1,000,196	-8,024	992,172
49 4900	RESPIRATORY THERAPY	100,874	44,497	145,371	-29,483	115,888
50 5000	PHYSICAL THERAPY	295,409	28,528	323,937	-84	323,853
51 5100	OCCUPATIONAL THERAPY	71,158	5,862	77,020		77,020
52 5200	SPEECH PATHOLOGY	2,504	30,610	33,114		33,114
53 5300	ELECTROCARDIOLOGY	27,409	77,849	105,258		105,258
54.10 3950	CARDIAC REHAB					
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				173,864	173,864
56 5600	DRUGS CHARGED TO PATIENTS				376,231	376,231
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	611,295	140,140	751,435	1,029,617	1,781,052
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RHC					
	OTHER REIMBURS COST CNTRS					
71 7100	HOME HEALTH AGENCY	307,338	139,168	446,506	-2,053	444,453
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	7,312,685	12,505,204	19,817,889	-340,227	19,477,662
	NONREIMBURS COST CENTERS					
5 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
8 9800	PHYSICIANS' PRIVATE OFFICES		48,211	48,211	2,796	51,007
98.01 9801	PHYSICIAN SPECIALTY CLINIC - RED BUD	85,612	17,429	103,041	-2,837	100,204
98.02 9802	PHYSICIAN SPECIALTY CLINIC - WATERLOO	39,958	33,646	73,604	17,105	90,709
100 7950	SENIOR CIRCLE	5,149	1,403	6,552	1,785	8,337
100.01 7951	FREE STANDING NURSING HOME				246,579	246,579
100.02 7952	OTHER NONREIMBURSABLE				74,799	74,799
101	TOTAL	7,443,404	12,605,893	20,049,297	-0-	20,049,297

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1348  
II PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	245,310	434,744
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	170,728	928,833
5 0500	EMPLOYEE BENEFITS	-67,710	1,036,395
6 0600	ADMINISTRATIVE & GENERAL	-2,802,914	2,987,313
8 0800	OPERATION OF PLANT		1,064,006
9 0900	LAUNDRY & LINEN SERVICE	13,792	71,430
10 1000	HOUSEKEEPING		183,987
11 1100	DIETARY	296,144	1,244,325
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION	-457	651,552
15 1500	CENTRAL SERVICES & SUPPLY		90,913
16 1600	PHARMACY		256,381
17 1700	MEDICAL RECORDS & LIBRARY	-1,647	313,973
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,546,239
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		491,254
40 4000	ANESTHESIOLOGY	-388,668	12,709
41 4100	RADIOLOGY-DIAGNOSTIC		1,205,281
44 4400	LABORATORY		992,172
49 4900	RESPIRATORY THERAPY		115,888
50 5000	PHYSICAL THERAPY		323,853
51 5100	OCCUPATIONAL THERAPY		77,020
52 5200	SPEECH PATHOLOGY		33,114
53 5300	ELECTROCARDIOLOGY	-13,917	91,341
54.10 3950	CARDIAC REHAB		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		173,864
56 5600	DRUGS CHARGED TO PATIENTS	-4,219	372,012
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-446,325	1,334,727
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	-19,889	424,564
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-3,019,772	16,457,890
	NONREIMBURS COST CENTERS		
5 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
8 9800	PHYSICIANS' PRIVATE OFFICES	44,700	95,707
98.01 9801	PHYSICIAN SPECIALTY CLINIC - RED BUD		100,204
98.02 9802	PHYSICIAN SPECIALTY CLINIC - WATERLOO	-442	90,267
100 7950	SENIOR CIRCLE		8,337
100.01 7951	FREE STANDING NURSING HOME		246,579
100.02 7952	OTHER NONREIMBURSABLE		74,799
101	TOTAL	-2,975,514	17,073,783

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
25	INPAT ROUTINE SRVC C ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54.10	CARDIAC REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
8	PHYSICIANS' PRIVATE OFFICES	9800	
8.01	PHYSICIAN SPECIALTY CLINIC - RED BUD	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PHYSICIAN SPECIALTY CLINIC - WATERLOO	9802	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FREE STANDING NURSING HOME	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

## RECLASSIFICATIONS

PROVIDER NO:  
141348

PERIOD:

FROM 7/ 1/2008  
TO 6/30/2009PREPARED 11/24/2009  
WORKSHEET A-6

----- INCREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY OTHER
	1	2	3	4 5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5	983,996
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	16,694
3				
4				
5 RECLASS RENTS & LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP	4	247,692
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24 RECLASS OTHER CAPITAL	D	NEW CAP REL COSTS-BLDG & FIXT	3	62,082
25		NEW CAP REL COSTS-MVBLE EQUIP	4	5,434
26 RECLASS MARKETING COSTS	E	OTHER NONREIMBURSABLE	100.02	41,707
27 RECLASS CHARGEABLE MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	157,170
28		OPERATING ROOM	37	16,699
29 RECLASS CHARGEABLE DRUGS	G	DRUGS CHARGED TO PATIENTS	56	376,231
30				
31 RECLASS ER PHYSICIAN COSTS	H	EMERGENCY	61	731,727
32 RECLASS NURSING HOME SERVICES	I	FREE STANDING NURSING HOME	100.01	191,307
33				55,272
34				
35				
1 RECLASS NURSING HOME SERVICES	I			
DIRECTLY ALLOCATED DEPRECIATION	J	PHYSICIAN SPECIALTY CLINIC - RED BUD	98.01	668
4		PHYSICIAN SPECIALTY CLINIC - WATERLOO	98.02	17,105
5		PHYSICIANS' PRIVATE OFFICES	98	2,796
6		SENIOR CIRCLE	100	1,785
36 TOTAL RECLASSIFICATIONS				956,126 2,287,160

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

 PROVIDER NO:  
141348

 PERIOD:  
FROM 7/ 1/2008  
TO 6/30/2009

 PREPARED 11/24/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	DECREASE		A-7 REF 10
		1			SALARY 8	OTHER 9	10
1	RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		983,996	
2	RECLASS OXYGEN COSTS	B	OPERATING ROOM	37		403	
3			ANESTHESIOLOGY	40		1,315	
4			RESPIRATORY THERAPY	49		14,976	
5	RECLASS RENTS & LEASES	C	EMPLOYEE BENEFITS	5		21	10
6			ADMINISTRATIVE & GENERAL	6		24,008	10
7			OPERATION OF PLANT	8		6,784	
8			HOUSEKEEPING	10		387	
9			DIETARY	11		221	
10			NURSING ADMINISTRATION	14		226	
11			CENTRAL SERVICES & SUPPLY	15		11,807	
12			PHARMACY	16		24,348	
13			MEDICAL RECORDS & LIBRARY	17		7,650	
14			ADULTS & PEDIATRICS	25		19,568	
15			OPERATING ROOM	37		4,987	
16			ANESTHESIOLOGY	40		222	
17			RADIOLOGY-DIAGNOSTIC	41		115,351	
18			LABORATORY	44		8,024	
19			RESPIRATORY THERAPY	49		14,507	
20			PHYSICAL THERAPY	50		84	
21			EMERGENCY	61		3,939	
22			HOME HEALTH AGENCY	71		2,053	
23			PHYSICIAN SPECIALTY CLINIC - RED BUD	98.01		3,505	
24	RECLASS OTHER CAPITAL	D	ADMINISTRATIVE & GENERAL	6		67,516	14
25							14
26	RECLASS MARKETING COSTS	E	ADMINISTRATIVE & GENERAL	6	33,092	41,707	
27	RECLASS CHARGEABLE MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		173,869	
28							
29	RECLASS CHARGEABLE DRUGS	G	PHARMACY	16		367,599	
30			ANESTHESIOLOGY	40		8,632	
31	RECLASS ER PHYSICIAN COSTS	H	ADMINISTRATIVE & GENERAL	6	731,727	301,829	
32	RECLASS NURSING HOME SERVICES	I	EMPLOYEE BENEFITS	5	35,931	24,003	
33			ADMINISTRATIVE & GENERAL	6	63,704	6,680	
34			OPERATION OF PLANT	8	43,532	22,748	
35			HOUSEKEEPING	10	11,394		
1	RECLASS NURSING HOME SERVICES	I	NURSING ADMINISTRATION	14	29,275	1,841	
			MEDICAL RECORDS & LIBRARY	17	7,471		
	DIRECTLY ALLOCATED DEPRECIATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		2,556	10
4			NEW CAP REL COSTS-MVBLE EQUIP	4		19,798	10
5							
6							
36	TOTAL RECLASSIFICATIONS				956,126	2,287,160	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:  
141348

PERIOD:

FROM 7/ 1/2008

TO 6/30/2009

PREPARED 11/24/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS EMPLOYEE BENEFITS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	983,996
TOTAL RECLASSIFICATIONS FOR CODE A		983,996

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	983,996

RECLASS CODE: B

EXPLANATION : RECLASS OXYGEN COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	16,694
2.00		0
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE B		16,694

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	403
ANESTHESIOLOGY	40	1,315
RESPIRATORY THERAPY	49	14,976
		16,694

RECLASS CODE: C

EXPLANATION : RECLASS RENTS &amp; LEASES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	247,692
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
13.00		0
14.00		0
15.00		0
16.00		0
17.00		0
18.00		0
19.00		0
TOTAL RECLASSIFICATIONS FOR CODE C		247,692

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	21
ADMINISTRATIVE & GENERAL	6	24,008
OPERATION OF PLANT	8	6,784
HOUSEKEEPING	10	387
DIETARY	11	221
NURSING ADMINISTRATION	14	226
CENTRAL SERVICES & SUPPLY	15	11,807
PHARMACY	16	24,348
MEDICAL RECORDS & LIBRARY	17	7,650
ADULTS & PEDIATRICS	25	19,568
OPERATING ROOM	37	4,987
ANESTHESIOLOGY	40	222
RADIOLOGY-DIAGNOSTIC	41	115,351
LABORATORY	44	8,024
RESPIRATORY THERAPY	49	14,507
PHYSICAL THERAPY	50	84
EMERGENCY	61	3,939
HOME HEALTH AGENCY	71	2,053
PHYSICIAN SPECIALTY CLINIC - R	98.01	3,505
		247,692

RECLASS CODE: D

EXPLANATION : RECLASS OTHER CAPITAL

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	62,082
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,434
TOTAL RECLASSIFICATIONS FOR CODE D		67,516

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	67,516
		0
		67,516

RECLASS CODE: E

EXPLANATION : RECLASS MARKETING COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OTHER NONREIMBURSABLE	74,799
TOTAL RECLASSIFICATIONS FOR CODE E		74,799

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	74,799

RECLASS CODE: F

EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	157,170
2.00	OPERATING ROOM	16,699
TOTAL RECLASSIFICATIONS FOR CODE F		173,869

DECREASE		
COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	173,869
		0
		173,869

RECLASS CODE: G

EXPLANATION : RECLASS CHARGEABLE DRUGS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	376,231

DECREASE		
COST CENTER	LINE	AMOUNT
PHARMACY	16	367,599



## RECLASSIFICATIONS

 PROVIDER NO:  
141348

PERIOD:

 FROM 7/ 1/2008  
TO 6/30/2009

PREPARED 11/24/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: G

EXPLANATION : RECLASS CHARGEABLE DRUGS

LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			376,231

COST CENTER	LINE	AMOUNT
ANESTHESIOLOGY	40	8,632
		376,231

RECLASS CODE: H

EXPLANATION : RECLASS ER PHYSICIAN COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	1,033,556
TOTAL RECLASSIFICATIONS FOR CODE H			1,033,556

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	1,033,556
		1,033,556

RECLASS CODE: I

EXPLANATION : RECLASS NURSING HOME SERVICES

LINE	COST CENTER	LINE	AMOUNT
1.00	FREE STANDING NURSING HOME	100.01	246,579
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			246,579

COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	59,934
ADMINISTRATIVE & GENERAL	6	70,384
OPERATION OF PLANT	8	66,280
HOUSEKEEPING	10	11,394
NURSING ADMINISTRATION	14	31,116
MEDICAL RECORDS & LIBRARY	17	7,471
		246,579

RECLASS CODE: J

EXPLANATION : DIRECTLY ALLOCATED DEPRECIATION

LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIAN SPECIALTY CLINIC - R	98.01	668
2.00	PHYSICIAN SPECIALTY CLINIC - WA	98.02	17,105
3.00	PHYSICIANS' PRIVATE OFFICES	98	2,796
4.00	SENIOR CIRCLE	100	1,785
TOTAL RECLASSIFICATIONS FOR CODE J			22,354

COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	2,556
NEW CAP REL COSTS-MVBLE EQUIP	4	19,798
		0
		0
		22,354

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	RETIREMENTS	BALANCE	DEPRECIATED
						5	6	ASSETS
								7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	RETIREMENTS	BALANCE	DEPRECIATED
						5	6	ASSETS
								7
1	LAND							
2	LAND IMPROVEMENTS	34,742	21,025		21,025		55,767	
3	BUILDINGS & FIXTURE	74,141	926		926		75,067	
4	BUILDING IMPROVEMEN	5,129,276	68,253		68,253		5,197,529	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	10,522,193	39,739		39,739		10,561,932	
7	SUBTOTAL	15,760,352	129,943		129,943		15,890,295	
8	RECONCILING ITEMS							
9	TOTAL	15,760,352	129,943		129,943		15,890,295	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,328,363		5,328,363	.335322			
4	NEW CAP REL COSTS-MV	10,561,932		10,561,932	.664678			
5	TOTAL	15,890,295		15,890,295	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	354,949	-2,556				82,351	434,744
4	NEW CAP REL COSTS-MV	655,645	227,894				45,294	928,833
5	TOTAL	1,010,594	225,338				127,645	1,363,577

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	129,908						129,908
4	NEW CAP REL COSTS-MV	524,777						524,777
5	TOTAL	654,685						654,685

- \* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 14-1348  
II PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/24/2009  
I TO 6/30/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-3,035	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-13,970	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-15	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-463,278			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,207,944			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-115,517	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,219	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,647	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-90	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	147,045	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	132,163	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
36.31 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		HOME HEALTH AGENCY	71	
37 TELEPHONE SERVICES	A	-279	HOME HEALTH AGENCY	71	
7.01 TELEPHONE SERVICES	A	-442	PHYSICIAN SPECIALTY CLINC	98.02	
7.02 TELEPHONE SERVICES	A	-142	NURSING ADMINISTRATION	14	
37.03 TELEPHONE OPERATOR BENEFITS	A	-786	EMPLOYEE BENEFITS	5	
37.04 TELEPHONE PHONE DEPRECIATION	A	-1,280	NEW CAP REL COSTS-MVBLE E	4	9
38 FEES FROM INSERVICE EDUCATION	B	-315	NURSING ADMINISTRATION	14	
39 SBC SATELLITE DISH REVENUE	B	-2,400	NEW CAP REL COSTS-BLDG &	3	9
39.01 GRANT REVENUE	B	-61,384	ADMINISTRATIVE & GENERAL	6	
39.02 OHTER MISC REVENUE	B	-1,006	ADMINISTRATIVE & GENERAL	6	
40 HOSPITAL BAD DEBT	A	-1,104,047	ADMINISTRATIVE & GENERAL	6	
40.01 HHA BAD DEBT	A	-21,396	HOME HEALTH AGENCY	71	
41 ADVERTISING	A	-24,767	ADMINISTRATIVE & GENERAL	6	
41.01 ADVERTISING	A	-14,774	EMPLOYEE BENEFITS	5	
42 CLUB DUES AND LOBBYING	A	-5,000	ADMINISTRATIVE & GENERAL	6	
43 PHYSICIAN RECRUITING	A	-5,946	ADMINISTRATIVE & GENERAL	6	
44 LOBBYING EXPENSE IN ASSOCIATION DUES	A	-10,563	ADMINISTRATIVE & GENERAL	6	
45 SPECIAL EVENTS	A	-658	ADMINISTRATIVE & GENERAL	6	
46 LATE FEES AND PENALTIES	A	-175	ADMINISTRATIVE & GENERAL	6	
47 CRNA COST	A	-388,668	ANESTHESIOLOGY	40	
48 ILLINOIS PROVIDER TAX	A	-212,916	ADMINISTRATIVE & GENERAL	6	
49 LEGAL FEES	A	-15,066	ADMINISTRATIVE & GENERAL	6	
49.01 ADD BACK NH CREDIT FOR DIETARY	A	411,661	DIETARY	11	
49.02 REMOVAL OF LEASE REVENUE	A	44,700	PHYSICIANS' PRIVATE OFFIC	98	
49.03 REMOVAL OF LEASE REVENUE	A	9,000	HOME HEALTH AGENCY	71	
49.04 ADD BACK NH LAUNDRY COST	A	13,792	LAUNDRY & LINEN SERVICE	9	
49.05 CRNA BENEFITS	A	-52,150	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,975,514			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32  
STATEMENT OF COSTS OF SERVICES  
FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTS

FOR RED BUD REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
I 14-1348 I FROM 7/ 1/2008 I  
I I TO 6/30/2009 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL INTEREST	80,396		80,396	9
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	132,293	157,190	-24,897	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	12,839		12,839	14
4	71	HOME HEALTH AGENCY HOME HEALTH FUNCTIONAL AL	5,614		5,614	
4.01	3	NEW CAP REL COSTS-BLDG & POOLED CAPITAL	7,430		7,430	14
4.02	4	NEW CAP REL COSTS-MVBLE E POOLED CAPITAL	39,860		39,860	14
4.03	6	ADMINISTRATIVE & GENERAL POOLED COST	403,406	545,662	-142,256	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE	331,518	687,856	-356,338	
4.05	6	ADMINISTRATIVE & GENERAL INTEREST		817,764	-817,764	
4.06	71	HOME HEALTH AGENCY HOME HEALTH		12,828	-12,828	
5		TOTALS	1,013,356	2,221,300	-1,207,944	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL MANAGEMENT COMPA
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.



WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6							3,036
2	53							13,917
3	61							446,325
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							463,278

REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

I PROVIDER NO: I 14-1348  
I

I PERIOD: I FROM 7/ 1/2008 I TO 6/30/2009

I PREPARED 11/24/2009 I WORKSHEET A-8-4  
I PARTS I - VII

## SPEECH PATHOLOGY

## PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	61
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	915
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	427
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		586.50		
10	AHSEA (SEE INSTRUCTIONS)		63.86		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.93	31.93		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

## PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	37,454
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS )	37,454
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	37,454

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	63.86
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	58,432
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	58,432

## PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	13,634
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	13,634
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,495
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	15,129
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	



REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

I PROVIDER NO:  
I 14-1348  
I

I PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009

I PREPARED 11/24/2009  
I WORKSHEET A-8-4  
I PARTS I - VII

## SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 15,129  
4 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)  
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

## PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

## STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)  
37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)  
38 SUBTOTAL (SUM OF LINES 36 AND 37)  
39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)  
40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)  
41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)  
42 SUBTOTAL (SUM OF LINES 40 AND 41)  
43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)  
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)  
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

## PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

## PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 58,432  
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 15,129  
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)  
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)  
61 EQUIPMENT COST (SEE INSTRUCTIONS)  
62 SUPPLIES (SEE INSTRUCTIONS)  
63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 73,561  
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 33,321

REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

I PROVIDER NO:  
I 14-1348  
I

I PERIOD:  
I FROM 7/ 1/2008 I PREPARED 11/24/2009  
I TO 6/30/2009 I WORKSHEET A-8-4  
I PARTS I - VII

## SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF  
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

## PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	29,694
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	3,627
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	33,321
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.891150
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	.108850
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	15	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	16	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	6	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE FEET	ENTERED
11	DIETARY	9	MEALS SERVED	ENTERED
12	CAFETERIA	10	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	11	NURSING SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	ENTERED
16	PHARMACY	13	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS REVENUE	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I WORKSHEET B  
 I I TO 6/30/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	434,744			434,744			
005 NEW CAP REL COSTS-MVBLE E	928,833				928,833		
006 EMPLOYEE BENEFITS	1,036,395			3,663	9,145	1,049,203	
008 ADMINISTRATIVE & GENERAL	2,987,313			70,918	177,078	282,054	3,517,363
009 OPERATION OF PLANT	1,064,006			106,959	267,072	34,226	1,472,263
010 LAUNDRY & LINEN SERVICE	71,430			763	1,906		74,099
011 HOUSEKEEPING	183,987			6,299	15,729	22,574	228,589
012 DIETARY	1,244,325			19,760	49,338		1,313,423
014 CAFETERIA				9,742	24,324		34,066
015 NURSING ADMINISTRATION	651,552			10,596	26,457	80,717	769,322
016 CENTRAL SERVICES & SUPPLY	90,913					5,146	96,059
017 PHARMACY	256,381					32,683	289,064
025 MEDICAL RECORDS & LIBRARY	313,973			10,235	25,557	27,750	377,515
025 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,546,239			38,049	95,004	142,259	1,821,551
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	491,254			25,030	62,497	56,212	634,993
044 ANESTHESIOLOGY	12,709			732	1,827	52,105	67,373
049 RADIOLOGY-DIAGNOSTIC	1,205,281			20,078	50,134	71,208	1,346,701
050 LABORATORY	992,172			9,819	24,516	57,256	1,083,763
051 RESPIRATORY THERAPY	115,888			2,574	6,426	15,058	139,946
052 PHYSICAL THERAPY	323,853			11,034	27,550	44,099	406,536
053 OCCUPATIONAL THERAPY	77,020			1,737	4,337	10,622	93,716
054 SPEECH PATHOLOGY	33,114			707	1,766	374	35,961
055 ELECTROCARDIOLOGY	91,341			3,456	8,630	4,092	107,519
056 10 CARDIAC REHAB							
055 MEDICAL SUPPLIES CHARGED	173,864			2,938	7,336		184,138
056 DRUGS CHARGED TO PATIENTS	372,012			4,955	12,372		389,339
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,334,727			9,941	24,822	91,254	1,460,744
063 50 OBSERVATION BEDS (NON-DIS							
071 RHC							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	424,564			10,827			435,391
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	16,457,890			380,812	923,823	1,029,689	16,379,434
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	95,707			16,388			112,095
098 02 PHYSICIAN SPECIALTY CLINI	100,204			33,094		12,780	146,078
100 02 PHYSICIAN SPECIALTY CLINC	90,267					5,965	96,232
100 SENIOR CIRCLE	8,337			2,444		769	11,550
100 01 FREE STANDING NURSING HOM	246,579						246,579
100 02 OTHER NONREIMBURSABLE	74,799			2,006	5,010		81,815
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	17,073,783			434,744	928,833	1,049,203	17,073,783

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
14-1348I PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	3,517,363						
008 OPERATION OF PLANT	385,179	1,857,442					
009 LAUNDRY & LINEN SERVICE	19,386	5,987	99,472				
010 HOUSEKEEPING	59,804	49,409		337,802			
011 DIETARY	343,623	154,984		27,118	1,839,148		
012 CAFETERIA	8,912	76,407		13,369		132,754	
014 NURSING ADMINISTRATION	201,273	83,108		14,542		9,585	1,077,830
015 CENTRAL SERVICES & SUPPLY	25,131					1,970	
016 PHARMACY	75,626					3,195	
017 MEDICAL RECORDS & LIBRARY	98,767	80,280		14,047		7,287	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	476,568	298,433	99,472	52,218	249,992	30,513	326,855
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	166,129	196,318		34,351		9,434	129,152
040 ANESTHESIOLOGY	17,626	5,740		1,004		2,538	
041 RADIOLOGY-DIAGNOSTIC	352,329	157,483		27,555		12,591	
044 LABORATORY	283,538	77,011		13,475		11,240	
049 RESPIRATORY THERAPY	36,613	20,187		3,532		1,288	34,598
050 PHYSICAL THERAPY	106,360	86,541		15,143		6,100	101,321
051 OCCUPATIONAL THERAPY	24,518	13,623		2,384		1,604	24,406
052 SPEECH PATHOLOGY	9,408	5,548		971			859
053 ELECTROCARDIOLOGY	28,130	27,108		4,743		442	
054 10 CARDIAC REHAB							
055 MEDICAL SUPPLIES CHARGED	48,175	23,043		4,032			
056 DRUGS CHARGED TO PATIENTS	101,860	38,863		6,800			
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	382,166	77,972		13,643		17,983	460,639
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	113,909	84,921		14,859		7,640	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	3,365,030	1,562,966	99,472	263,786	249,992	123,410	1,077,830
NONREIMBURS COST CENTERS							
098 6 GIFT, FLOWER, COFFEE SHOP					9,538		
098 01 PHYSICIAN SPECIALTY CLINI	38,218	259,569		22,490	27,250		
098 02 PHYSICIAN SPECIALTY CLINC	25,177			45,418		2,917	
100 SENIOR CIRCLE	3,022	19,170		3,354	4,201	164	
100 01 FREE STANDING NURSING HOM	64,511				1,548,167	5,190	
100 02 OTHER NONREIMBURSABLE	21,405	15,737		2,754		1,073	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,517,363	1,857,442	99,472	337,802	1,839,148	132,754	1,077,830

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
14-1348I PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	15	16	17	25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	123,160					
016 PHARMACY	2,268	370,153				
017 MEDICAL RECORDS & LIBRARY	812		578,708			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	26,960		54,198	3,436,760		3,436,760
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	14,704		68,118	1,253,199		1,253,199
040 ANESTHESIOLOGY	2,029		2,135	98,445		98,445
041 RADIOLOGY-DIAGNOSTIC	8,505		175,580	2,080,744		2,080,744
044 LABORATORY	11,260		120,465	1,600,752		1,600,752
049 RESPIRATORY THERAPY	735		7,501	244,400		244,400
050 PHYSICAL THERAPY	1,123		28,704	751,828		751,828
051 OCCUPATIONAL THERAPY	67		7,716	168,034		168,034
052 SPEECH PATHOLOGY	3		874	53,624		53,624
053 ELECTROCARDIOLOGY	138		23,646	191,726		191,726
054 10 CARDIAC REHAB						
055 MEDICAL SUPPLIES CHARGED	42,043		23,149	324,580		324,580
056 DRUGS CHARGED TO PATIENTS		370,153	25,576	932,591		932,591
OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	11,442		41,046	2,465,635		2,465,635
062 OBSERVATION BEDS (NON-DIS						
063 50 RHC						
OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	966			657,686		657,686
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	123,055	370,153	578,708	14,260,004		14,260,004
NONREIMBURS COST CENTERS						
006 GIFT, FLOWER, COFFEE SHOP				9,538		9,538
098 PHYSICIANS' PRIVATE OFFIC				161,835		161,835
098 01 PHYSICIAN SPECIALTY CLINI				492,200		492,200
098 02 PHYSICIAN SPECIALTY CLINC				121,409		121,409
100 SENIOR CIRCLE	27			41,488		41,488
100 01 FREE STANDING NURSING HOM				1,864,447		1,864,447
100 02 OTHER NONREIMBURSABLE	78			122,862		122,862
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	123,160	370,153	578,708	17,073,783		17,073,783

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-1348

I PERIOD:

I FROM 7/ 1/2008

I TO 6/30/2009

I PREPARED 11/24/2009

I WORKSHEET B

I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-MVBLE E 2	NEW CAP REL OSTS-BLDG & 3	NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				3,663	9,145	12,808	12,808
008 ADMINISTRATIVE & GENERAL				70,918	177,078	247,996	3,443
009 OPERATION OF PLANT				106,959	267,072	374,031	418
010 LAUNDRY & LINEN SERVICE				763	1,906	2,669	
011 HOUSEKEEPING				6,299	15,729	22,028	276
012 DIETARY				19,760	49,338	69,098	
014 CAFETERIA				9,742	24,324	34,066	
015 NURSING ADMINISTRATION				10,596	26,457	37,053	985
016 CENTRAL SERVICES & SUPPLY							63
017 PHARMACY							399
025 MEDICAL RECORDS & LIBRARY				10,235	25,557	35,792	339
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS				38,049	95,004	133,053	1,736
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM				25,030	62,497	87,527	686
049 ANESTHESIOLOGY				732	1,827	2,559	636
050 RADIOLOGY-DIAGNOSTIC				20,078	50,134	70,212	869
053 LABORATORY				9,819	24,516	34,335	699
054 RESPIRATORY THERAPY				2,574	6,426	9,000	184
055 PHYSICAL THERAPY				11,034	27,550	38,584	538
056 OCCUPATIONAL THERAPY				1,737	4,337	6,074	130
061 SPEECH PATHOLOGY				707	1,766	2,473	5
062 ELECTROCARDIOLOGY				3,456	8,630	12,086	50
063 10 CARDIAC REHAB							
071 MEDICAL SUPPLIES CHARGED				2,938	7,336	10,274	
095 DRUGS CHARGED TO PATIENTS				4,955	12,372	17,327	
098 OUTPAT SERVICE COST CNTRS							
100 EMERGENCY				9,941	24,822	34,763	1,114
101 OBSERVATION BEDS (NON-DIS							
102 50 RHC							
103 OTHER REIMBURS COST CNTRS							
106 HOME HEALTH AGENCY				10,827		10,827	
108 SPEC PURPOSE COST CENTERS							
109 SUBTOTALS				380,812	923,823	1,304,635	12,570
110 NONREIMBURS COST CENTERS							
116 GIFT, FLOWER, COFFEE SHOP							
118 PHYSICIANS' PRIVATE OFFIC				16,388		16,388	
119 01 PHYSICIAN SPECIALTY CLINI				33,094		33,094	156
120 02 PHYSICIAN SPECIALTY CLINC							73
121 SENIOR CIRCLE				2,444		2,444	9
122 01 FREE STANDING NURSING HOM							
123 02 OTHER NONREIMBURSABLE				2,006	5,010	7,016	
124 CROSS FOOT ADJUSTMENTS							
125 NEGATIVE COST CENTER							
126 TOTAL				434,744	928,833	1,363,577	12,808

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I WORKSHEET B  
 I I TO 6/30/2009 I PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	251,439						
008	OPERATION OF PLANT	27,534	401,983					
009	LAUNDRY & LINEN SERVICE	1,386	1,296	5,351				
010	HOUSEKEEPING	4,275	10,693		37,272			
011	DIETARY	24,564	33,541		2,992	130,195		
012	CAFETERIA	637	16,536		1,475		52,714	
014	NURSING ADMINISTRATION	14,388	17,986		1,605		3,806	75,823
015	CENTRAL SERVICES & SUPPLY	1,796					782	
016	PHARMACY	5,406					1,269	
017	MEDICAL RECORDS & LIBRARY	7,060	17,374		1,550		2,893	
025	INPAT ROUTINE SRVC CNTRS							
	ADULTS & PEDIATRICS	34,068	64,584	5,351	5,762	17,697	12,116	22,993
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	11,876	42,487		3,790		3,746	9,085
040	ANESTHESIOLOGY	1,260	1,242		111		1,008	
041	RADIOLOGY-DIAGNOSTIC	25,186	34,082		3,040		5,000	
044	LABORATORY	20,269	16,667		1,487		4,463	
049	RESPIRATORY THERAPY	2,617	4,369		390		511	2,434
050	PHYSICAL THERAPY	7,603	18,729		1,671		2,422	7,128
051	OCCUPATIONAL THERAPY	1,753	2,948		263		637	1,717
052	SPEECH PATHOLOGY	673	1,201		107			60
053	ELECTROCARDIOLOGY	2,011	5,867		523		176	
054	10 CARDIAC REHAB							
055	MEDICAL SUPPLIES CHARGED	3,444	4,987		445			
056	DRUGS CHARGED TO PATIENTS	7,281	8,411		750			
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	27,319	16,875		1,505		7,141	32,406
063	50 OBSERVATION BEDS (NON-DIS RHC							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	8,143	18,378		1,639		3,034	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	240,549	338,253	5,351	29,105	17,697	49,004	75,823
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					675		
098	PHYSICIANS' PRIVATE OFFIC					1,929		
098	01 PHYSICIAN SPECIALTY CLINI	2,732	56,175		2,482		1,158	
098	02 PHYSICIAN SPECIALTY CLINC	1,800			5,011			
100	SENIOR CIRCLE	216	4,149		370	297	65	
100	01 FREE STANDING NURSING HOM	4,612				109,597	2,061	
100	02 OTHER NONREIMBURSABLE	1,530	3,406		304		426	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	251,439	401,983	5,351	37,272	130,195	52,714	75,823



## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-1348

I PERIOD:

I FROM 7/ 1/2008

I TO 6/30/2009

I PREPARED 11/24/2009

I WORKSHEET B

I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	25	26	27
	GENERAL SERVICE COST CNTR						
001	OLD CAP REL COSTS-BLDG &						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY	2,641					
016	PHARMACY	49	7,123				
017	MEDICAL RECORDS & LIBRARY	17		65,025			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	578		6,088	304,026		304,026
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	315		7,651	167,163		167,163
040	ANESTHESIOLOGY	44		240	7,100		7,100
041	RADIOLOGY-DIAGNOSTIC	182		19,745	158,316		158,316
044	LABORATORY	241		13,531	91,692		91,692
049	RESPIRATORY THERAPY	16		842	20,363		20,363
050	PHYSICAL THERAPY	24		3,224	79,923		79,923
051	OCCUPATIONAL THERAPY	1		867	14,390		14,390
052	SPEECH PATHOLOGY			98	4,617		4,617
053	ELECTROCARDIOLOGY	3		2,656	23,372		23,372
054	10 CARDIAC REHAB						
055	MEDICAL SUPPLIES CHARGED	902		2,600	22,652		22,652
056	DRUGS CHARGED TO PATIENTS		7,123	2,873	43,765		43,765
	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	245		4,610	125,978		125,978
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY	21			42,042		42,042
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	2,638	7,123	65,025	1,105,399		1,105,399
	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				675		675
098	01 PHYSICIANS' PRIVATE OFFIC				20,799		20,799
098	02 PHYSICIAN SPECIALTY CLINI				98,326		98,326
100	SENIOR CIRCLE	1			1,873		1,873
100	01 FREE STANDING NURSING HOM				7,551		7,551
100	02 OTHER NONREIMBURSABLE	2			116,270		116,270
101	CROSS FOOT ADJUSTMENTS				12,684		12,684
102	NEGATIVE COST CENTER						
103	TOTAL	2,641	7,123	65,025	1,363,577		1,363,577

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-1348

I PERIOD:

I FROM 7/ 1/2008

I TO 6/30/2009

I PREPARED 11/24/2009

I WORKSHEET B-1

COST CENTER DESCRIPTION	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			124,155			
005 NEW CAP REL COSTS-MVB				106,234		
005 EMPLOYEE BENEFITS			1,046	1,046	7,028,415	
006 ADMINISTRATIVE & GENE			20,253	20,253	1,889,429	-3,517,363
008 OPERATION OF PLANT			30,546	30,546	229,274	
009 LAUNDRY & LINEN SERVI			218	218		
010 HOUSEKEEPING			1,799	1,799	151,222	
011 DIETARY			5,643	5,643		
012 CAFETERIA			2,782	2,782		
014 NURSING ADMINISTRATIO			3,026	3,026	540,706	
015 CENTRAL SERVICES & SU					34,471	
016 PHARMACY					218,937	
017 MEDICAL RECORDS & LIB			2,923	2,923	185,892	
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS			10,866	10,866	952,967	
037 ANCILLARY SRVC COST C						
OPERATING ROOM			7,148	7,148	376,551	
040 ANESTHESIOLOGY			209	209	349,041	
041 RADIOLOGY-DIAGNOSTIC			5,734	5,734	477,011	
044 LABORATORY			2,804	2,804	383,546	
049 RESPIRATORY THERAPY			735	735	100,874	
050 PHYSICAL THERAPY			3,151	3,151	295,409	
051 OCCUPATIONAL THERAPY			496	496	71,158	
052 SPEECH PATHOLOGY			202	202	2,504	
053 ELECTROCARDIOLOGY			987	987	27,409	
054 10 CARDIAC REHAB						
055 MEDICAL SUPPLIES CHAR			839	839		
056 DRUGS CHARGED TO PATI			1,415	1,415		
OUTPAT SERVICE COST C						
061 EMERGENCY			2,839	2,839	611,295	
062 OBSERVATION BEDS (NON						
063 50 RHC						
OTHER REIMBURS COST C						
1 HOME HEALTH AGENCY			3,092			
SPEC PURPOSE COST CEN						
095 SUBTOTALS			108,753	105,661	6,897,696	-3,517,363
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O			4,680			-112,095
098 01 PHYSICIAN SPECIALTY C			9,451		85,612	
098 02 PHYSICIAN SPECIALTY C					39,958	
100 SENIOR CIRCLE			698		5,149	
100 01 FREE STANDING NURSING						
100 02 OTHER NONREIMBURSABLE			573	573		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			434,744	928,833	1,049,203	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			3.501623		.149280	
(WRKSHT B, PT I)				8.743274		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					12,808	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001822	
(WRKSHT B, PT III)						

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 14-1348  
II PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009 II PREPARED 11/24/2009  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	(NURSING SALARIES)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	13,444,325						
008 OPERATION OF PLANT	1,472,263	67,630					
009 LAUNDRY & LINEN SERVI	74,099	218	230,302				
010 HOUSEKEEPING	228,589	1,799		70,293			
011 DIETARY	1,313,423	5,643		5,643	129,583		
012 CAFETERIA	34,066	2,782		2,782		10,512	
014 NURSING ADMINISTRATIO	769,322	3,026		3,026		759	3,142,485
015 CENTRAL SERVICES & SU	96,059					156	
016 PHARMACY	289,064					253	
017 MEDICAL RECORDS & LIB	377,515	2,923		2,923		577	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,821,551	10,866	230,302	10,866	17,614	2,416	952,967
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	634,993	7,148		7,148		747	376,551
040 ANESTHESIOLOGY	67,373	209		209		201	
041 RADIOLOGY-DIAGNOSTIC	1,346,701	5,734		5,734		997	
044 LABORATORY	1,083,763	2,804		2,804		890	
049 RESPIRATORY THERAPY	139,946	735		735		102	100,874
050 PHYSICAL THERAPY	406,536	3,151		3,151		483	295,409
051 OCCUPATIONAL THERAPY	93,716	496		496		127	71,158
052 SPEECH PATHOLOGY	35,961	202		202			2,504
053 ELECTROCARDIOLOGY	107,519	987		987		35	
054 10 CARDIAC REHAB							
055 MEDICAL SUPPLIES CHAR	184,138	839		839			
056 DRUGS CHARGED TO PATI	389,339	1,415		1,415			
061 OUTPAT SERVICE COST C							
061 EMERGENCY	1,460,744	2,839		2,839		1,424	1,343,022
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 OTHER REIMBURS COST C							
063 HOME HEALTH AGENCY	435,391	3,092		3,092		605	
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	12,862,071	56,908	230,302	54,891	17,614	9,772	3,142,485
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					672		
098 PHYSICIANS' PRIVATE O				4,680	1,920		
098 01 PHYSICIAN SPECIALTY C	146,078	9,451		9,451		231	
098 02 PHYSICIAN SPECIALTY C	96,232						
100 SENIOR CIRCLE	11,550	698		698	296	13	
100 01 FREE STANDING NURSING	246,579				109,081	411	
100 02 OTHER NONREIMBURSABLE	81,815	573		573		85	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,517,363	1,857,442	99,472	337,802	1,839,148	132,754	1,077,830
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		27.464764		4.805628		12.628805	
105 (WRKSHT B, PT I)	.261624		.431920		14.192819		.342987
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	251,439	401,983	5,351	37,272	130,195	52,714	75,823
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		5.943856		.530238		5.014650	
108 (WRKSHT B, PT III)	.018702		.023235		1.004723		.024128

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 14-1348  
II PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	MEDICAL RECOR DS & LIBRARY
	(COSTED REQUIS.	(COSTED )REQUIS.
	(GROSS REVENUE	)
	15	16
		17
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATIO		
016 CENTRAL SERVICES & SU	460,421	
017 PHARMACY	8,479	376,231
025 MEDICAL RECORDS & LIB	3,037	
ADULTS & PEDIATRICS		6,021,333
ANCILLARY SRVC COST C		
037 OPERATING ROOM	54,970	7,567,772
040 ANESTHESIOLOGY	7,587	237,160
041 RADIOLOGY-DIAGNOSTIC	31,794	19,508,302
044 LABORATORY	42,094	13,383,563
049 RESPIRATORY THERAPY	2,748	833,322
050 PHYSICAL THERAPY	4,199	3,188,926
051 OCCUPATIONAL THERAPY	251	857,246
052 SPEECH PATHOLOGY	10	97,144
053 ELECTROCARDIOLOGY	517	2,627,047
054 10 CARDIAC REHAB		
055 MEDICAL SUPPLIES CHAR	157,170	2,571,825
056 DRUGS CHARGED TO PATI		2,841,477
OUTPAT SERVICE COST C		
061 EMERGENCY	42,774	4,560,214
062 OBSERVATION BEDS (NON		
063 50 RHC		
1 OTHER REIMBURS COST C		
HOME HEALTH AGENCY	3,611	
SPEC PURPOSE COST CEN		
095 SUBTOTALS	460,029	376,231
NONREIMBURS COST CENT		64,295,331
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
098 01 PHYSICIAN SPECIALTY C		
098 02 PHYSICIAN SPECIALTY C		
100 SENIOR CIRCLE	101	
100 01 FREE STANDING NURSING		
100 02 OTHER NONREIMBURSABLE	291	
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	123,160	370,153
(PER WRKSHT B, PART		578,708
104 UNIT COST MULTIPLIER		.983845
(WRKSHT B, PT I)	.267494	.009001
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	2,641	7,123
(PER WRKSHT B, PART		65,025
108 UNIT COST MULTIPLIER		.018933
(WRKSHT B, PT III)	.005736	.001011

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I WORKSHEET C  
 I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,436,760		3,436,760		3,436,760
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,253,199		1,253,199		1,253,199
41	ANESTHESIOLOGY	98,445		98,445		98,445
44	RADIOLOGY-DIAGNOSTIC	2,080,744		2,080,744		2,080,744
49	LABORATORY	1,600,752		1,600,752		1,600,752
50	RESPIRATORY THERAPY	244,400		244,400		244,400
51	PHYSICAL THERAPY	751,828		751,828		751,828
52	OCCUPATIONAL THERAPY	168,034		168,034		168,034
53	SPEECH PATHOLOGY	53,624		53,624		53,624
54	ELECTROCARDIOLOGY	191,726		191,726		191,726
55	10 CARDIAC REHAB					
56	MEDICAL SUPPLIES CHARGED	324,580		324,580		324,580
61	DRUGS CHARGED TO PATIENTS	932,591		932,591		932,591
62	OUTPAT SERVICE COST CNTRS					
63	EMERGENCY	2,465,635		2,465,635		2,465,635
101	OBSERVATION BEDS (NON-DIS	54,761		54,761		54,761
102	50 RHC					
103	OTHER REIMBURS COST CNTRS					
	SUBTOTAL	13,657,079		13,657,079		13,657,079
	LESS OBSERVATION BEDS	54,761		54,761		54,761
	TOTAL	13,602,318		13,602,318		13,602,318

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I  
I  
IPROVIDER NO:  
14-1348

I PERIOD:

I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
5	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	6,021,333		6,021,333			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,753,974	5,813,798	7,567,772	.165597	.165597	.165597
40	ANESTHESIOLOGY	68,849	168,311	237,160	.415100	.415100	.415100
41	RADIOLOGY-DIAGNOSTIC	2,602,956	18,308,378	20,911,334	.099503	.099503	.099503
44	LABORATORY	3,466,151	9,917,412	13,383,563	.119606	.119606	.119606
49	RESPIRATORY THERAPY	631,019	202,303	833,322	.293284	.293284	.293284
50	PHYSICAL THERAPY	1,481,643	1,707,283	3,188,926	.235762	.235762	.235762
51	OCCUPATIONAL THERAPY	831,750	25,496	857,246	.196016	.196016	.196016
52	SPEECH PATHOLOGY	76,115	21,029	97,144	.552005	.552005	.552005
53	ELECTROCARDIOLOGY	168,351	1,055,664	1,224,015	.156637	.156637	.156637
54	10 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED	1,343,968	1,227,857	2,571,825	.126206	.126206	.126206
56	DRUGS CHARGED TO PATIENTS	1,406,136	1,435,341	2,841,477	.328206	.328206	.328206
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	316,451	4,243,763	4,560,214	.540684	.540684	.540684
62	OBSERVATION BEDS (NON-DIS	4,379	103,887	108,266	.505801	.505801	.505801
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,173,075	44,230,522	64,403,597			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,173,075	44,230,522	64,403,597			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEETI  
I  
IPROVIDER NO:  
14-1348I PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009I PREPARED 11/24/2009  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
5	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,436,760		3,436,760		3,436,760
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,253,199		1,253,199		1,253,199
41	ANESTHESIOLOGY	98,445		98,445		98,445
44	RADIOLOGY-DIAGNOSTIC	2,080,744		2,080,744		2,080,744
49	LABORATORY	1,600,752		1,600,752		1,600,752
50	RESPIRATORY THERAPY	244,400		244,400		244,400
51	PHYSICAL THERAPY	751,828		751,828		751,828
52	OCCUPATIONAL THERAPY	168,034		168,034		168,034
53	SPEECH PATHOLOGY	53,624		53,624		53,624
54	ELECTROCARDIOLOGY	191,726		191,726		191,726
55	10 CARDIAC REHAB					
56	MEDICAL SUPPLIES CHARGED	324,580		324,580		324,580
61	DRUGS CHARGED TO PATIENTS	932,591		932,591		932,591
62	OUTPAT SERVICE COST CNTRS					
63	EMERGENCY	2,465,635		2,465,635		2,465,635
101	50 OBSERVATION BEDS (NON-DIS	54,761		54,761		54,761
102	RHC					
103	OTHER REIMBURS COST CNTRS					
	SUBTOTAL	13,657,079		13,657,079		13,657,079
	LESS OBSERVATION BEDS	54,761		54,761		54,761
	TOTAL	13,602,318		13,602,318		13,602,318

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET C
I	I TO 6/30/2009	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,021,333		6,021,333			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,753,974	5,813,798	7,567,772	.165597	.165597	.165597
40	ANESTHESIOLOGY	68,849	168,311	237,160	.415100	.415100	.415100
41	RADIOLOGY-DIAGNOSTIC	2,602,956	18,308,378	20,911,334	.099503	.099503	.099503
44	LABORATORY	3,466,151	9,917,412	13,383,563	.119606	.119606	.119606
49	RESPIRATORY THERAPY	631,019	202,303	833,322	.293284	.293284	.293284
50	PHYSICAL THERAPY	1,481,643	1,707,283	3,188,926	.235762	.235762	.235762
51	OCCUPATIONAL THERAPY	831,750	25,496	857,246	.196016	.196016	.196016
52	SPEECH PATHOLOGY	76,115	21,029	97,144	.552005	.552005	.552005
53	ELECTROCARDIOLOGY	168,351	1,055,664	1,224,015	.156637	.156637	.156637
54	10 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED	1,343,968	1,227,857	2,571,825	.126206	.126206	.126206
56	DRUGS CHARGED TO PATIENTS	1,406,136	1,435,341	2,841,477	.328206	.328206	.328206
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	316,451	4,243,763	4,560,214	.540684	.540684	.540684
62	OBSERVATION BEDS (NON-DIS	4,379	103,887	108,266	.505801	.505801	.505801
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,173,075	44,230,522	64,403,597			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,173,075	44,230,522	64,403,597			



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,253,199	167,163	1,086,036			1,253,199
41	ANESTHESIOLOGY	98,445	7,100	91,345			98,445
44	RADIOLOGY-DIAGNOSTIC	2,080,744	158,316	1,922,428			2,080,744
49	LABORATORY	1,600,752	91,692	1,509,060			1,600,752
50	RESPIRATORY THERAPY	244,400	20,363	224,037			244,400
51	PHYSICAL THERAPY	751,828	79,923	671,905			751,828
52	OCCUPATIONAL THERAPY	168,034	14,390	153,644			168,034
53	SPEECH PATHOLOGY	53,624	4,617	49,007			53,624
54	ELECTROCARDIOLOGY	191,726	23,372	168,354			191,726
55	10 CARDIAC REHAB						
56	MEDICAL SUPPLIES CHARGED	324,580	22,652	301,928			324,580
61	DRUGS CHARGED TO PATIENTS	932,591	43,765	888,826			932,591
62	OUTPAT SERVICE COST CNTRS						
63	EMERGENCY	2,465,635	125,978	2,339,657			2,465,635
101	OBSERVATION BEDS (NON-DIS	54,761		54,761			54,761
102	50 RHC						
103	OTHER REIMBURS COST CNTRS						
104	SUBTOTAL	10,220,319	759,331	9,460,988			10,220,319
105	LESS OBSERVATION BEDS	54,761		54,761			54,761
106	TOTAL	10,165,558	759,331	9,406,227			10,165,558

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	7,567,772	.165597	.165597
40	ANESTHESIOLOGY	237,160	.415100	.415100
41	RADIOLOGY-DIAGNOSTIC	20,911,334	.099503	.099503
44	LABORATORY	13,383,563	.119606	.119606
49	RESPIRATORY THERAPY	833,322	.293284	.293284
50	PHYSICAL THERAPY	3,188,926	.235762	.235762
51	OCCUPATIONAL THERAPY	857,246	.196016	.196016
52	SPEECH PATHOLOGY	97,144	.552005	.552005
53	ELECTROCARDIOLOGY	1,224,015	.156637	.156637
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED	2,571,825	.126206	.126206
56	DRUGS CHARGED TO PATIENTS	2,841,477	.328206	.328206
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,560,214	.540684	.540684
62	OBSERVATION BEDS (NON-DIS	108,266	.505801	.505801
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	58,382,264		
102	LESS OBSERVATION BEDS	108,266		
103	TOTAL	58,273,998		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,253,199	167,163	1,086,036			1,253,199
40	ANESTHESIOLOGY	98,445	7,100	91,345			98,445
41	RADIOLOGY-DIAGNOSTIC	2,080,744	158,316	1,922,428			2,080,744
44	LABORATORY	1,600,752	91,692	1,509,060			1,600,752
49	RESPIRATORY THERAPY	244,400	20,363	224,037			244,400
50	PHYSICAL THERAPY	751,828	79,923	671,905			751,828
51	OCCUPATIONAL THERAPY	168,034	14,390	153,644			168,034
52	SPEECH PATHOLOGY	53,624	4,617	49,007			53,624
53	ELECTROCARDIOLOGY	191,726	23,372	168,354			191,726
54	10 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED	324,580	22,652	301,928			324,580
56	DRUGS CHARGED TO PATIENTS	932,591	43,765	888,826			932,591
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,465,635	125,978	2,339,657			2,465,635
62	OBSERVATION BEDS (NON-DIS	54,761		54,761			54,761
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,220,319	759,331	9,460,988			10,220,319
102	LESS OBSERVATION BEDS	54,761		54,761			54,761
103	TOTAL	10,165,558	759,331	9,406,227			10,165,558

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	7,567,772	.165597	.165597
40	ANESTHESIOLOGY	237,160	.415100	.415100
41	RADIOLOGY-DIAGNOSTIC	20,911,334	.099503	.099503
44	LABORATORY	13,383,563	.119606	.119606
49	RESPIRATORY THERAPY	833,322	.293284	.293284
50	PHYSICAL THERAPY	3,188,926	.235762	.235762
51	OCCUPATIONAL THERAPY	857,246	.196016	.196016
52	SPEECH PATHOLOGY	97,144	.552005	.552005
53	ELECTROCARDIOLOGY	1,224,015	.156637	.156637
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED	2,571,825	.126206	.126206
56	DRUGS CHARGED TO PATIENTS	2,841,477	.328206	.328206
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,560,214	.540684	.540684
62	OBSERVATION BEDS (NON-DIS	108,266	.505801	.505801
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	58,382,264		
102	LESS OBSERVATION BEDS	108,266		
103	TOTAL	58,273,998		

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.165597		.165597		
40	ANESTHESIOLOGY	.415100		.415100		
41	RADIOLOGY-DIAGNOSTIC	.099503		.099503		
44	LABORATORY	.119606		.119606		
49	RESPIRATORY THERAPY	.293284		.293284		
50	PHYSICAL THERAPY	.235762		.235762		
51	OCCUPATIONAL THERAPY	.196016		.196016		
52	SPEECH PATHOLOGY	.552005		.552005		
53	ELECTROCARDIOLOGY	.156637		.156637		
54	10 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.126206		.126206		
56	DRUGS CHARGED TO PATIENTS	.328206		.328206		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.540684		.540684		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.505801		.505801		
63	50 RHC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,644,792			
40	ANESTHESIOLOGY		40,020			
41	RADIOLOGY-DIAGNOSTIC		6,216,917			
44	LABORATORY		4,377,676			
49	RESPIRATORY THERAPY		96,528			
50	PHYSICAL THERAPY		531,360			
51	OCCUPATIONAL THERAPY		4,910			
52	SPEECH PATHOLOGY		6,825			
53	ELECTROCARDIOLOGY		958,800			
54	10 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		167,348			
56	DRUGS CHARGED TO PATIENTS		581,111			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,430,254			
62	OBSERVATION BEDS (NON-DISTINCT PART)		8,419			
63	50 RHC					
101	SUBTOTAL		16,064,960			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		16,064,960			

### APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2009	I	PART V
I	14-1348	I		I	

TITLE XVIII, PART B

## HOSPITAL

All other

Hospital I/P  
Part B Charges

Hospital I/P  
Part B Costs

**Cost Center Description**

9

10

11

(A)	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	272,373
40	ANESTHESIOLOGY	16,612
41	RADIOLOGY-DIAGNOSTIC	618,602
44	LABORATORY	523,596
49	RESPIRATORY THERAPY	28,310
50	PHYSICAL THERAPY	125,274
51	OCCUPATIONAL THERAPY	962
52	SPEECH PATHOLOGY	3,767
53	ELECTROCARDIOLOGY	150,184
54	10 CARDIAC REHAB	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,120
56	DRUGS CHARGED TO PATIENTS	190,724
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	773,315
62	OBSERVATION BEDS (NON-DISTINCT PART)	4,258
63	50 RHC	
101	SUBTOTAL	2,729,097
102	CRNA CHARGES	
103	LESS PBP CLINIC LAB SVCS--	
	PROGRAM ONLY CHARGES	
104	NET CHARGES	2,729,097

Health Financial Systems      MCRIF32      FOR RED BUD REGIONAL HOSPITAL      IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2009

14-1348      I FROM 7/ 1/2008      I WORKSHEET D

I TO 6/30/2009      I PART I

TITLE XIX      PPS

POST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS				304,026		304,026
101	TOTAL				304,026		304,026



IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
I 14-1348 I FROM 7/ 1/2008 I WORKSHEET D  
I I TO 6/30/2009 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT 7 DAYS	INPATIENT PROGRAM 8 DAYS	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
101	ADULTS & PEDIATRICS	3,182	126			95.55	12,039
	TOTAL	3,182	126				12,039

Health Financial Systems MCRIF32

FOR RED BUD REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET D
I		I	TO 6/30/2009	I	PART III

PPS

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					3,182	
101	ADULTS & PEDIATRICS					3,182	
	TOTAL						

Health Financial Systems	MCRIF32	FOR RED BUD REGIONAL HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE			I	PROVIDER NO: 14-1348
SERVICE OTHER PASS THROUGH COSTS			I	I PERIOD: FROM 7/ 1/2008 TO 6/30/2009
TITLE XIX			I	PREPARED 11/24/2009 WORKSHEET D PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
'TNE NO.		PROG DAYS	PASS THRU COST
		7	8
5	ADULTS & PEDIATRICS		126
101	TOTAL		126

TITLE XVIII PART A	HOSPITAL	OTHER
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RT I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,142
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,182
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,123
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,410
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,250
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	159
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	141
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,256
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,410
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,250
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,436,760
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17,064
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	16,393
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,583,067
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,853,693

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,071,309
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	73,843
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,997,466
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.455306
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,251.58
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,280.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,853,693

### COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2009	I	PART II
I	14-1348	I		I	

TITLE XVIII PART A

## HOSPITAL

## OTHER

## RT II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	582.56
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,314,255
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,314,255

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					929,271
					2,243,526

## PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
52 TOTAL PROGRAM EXCLUDABLE COST  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS

### TARGET AMOUNT AND LIMIT COMPUTATION

```

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

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## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2009	I PART III
I 14-1348	I	I

## TITLE XVIII PART A

## HOSPITAL

## OTHER

## RT III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	94
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	582.56
85	OBSERVATION BED COST	54,761

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS		2,978,933	
	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.165597	478,199	79,188
40	ANESTHESIOLOGY	.415100	17,393	7,220
41	RADIOLOGY-DIAGNOSTIC	.099503	1,309,623	130,311
44	LABORATORY	.119606	1,848,363	221,075
49	RESPIRATORY THERAPY	.293284	355,680	104,315
50	PHYSICAL THERAPY	.235762	208,046	49,049
51	OCCUPATIONAL THERAPY	.196016	53,106	10,410
52	SPEECH PATHOLOGY	.552005	31,650	17,471
53	ELECTROCARDIOLOGY	.156637	84,103	13,174
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.126206	579,370	73,120
56	DRUGS CHARGED TO PATIENTS	.328206	665,336	218,367
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.540684	9,615	5,199
62	OBSERVATION BEDS (NON-DISTINCT PART)	.505801	736	372
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,641,220	929,271
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		5,641,220	

### INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

```

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009
I 14-1348 I FROM 7/ 1/2008 I WORKSHEET D-4
I COMPONENT NO: I TO 6/30/2009
I 14-Z348 I

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TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.165597	63,324	10,486
40	ANESTHESIOLOGY	.415100		
41	RADIOLOGY-DIAGNOSTIC	.099503	154,805	15,404
44	LABORATORY	.119606	523,649	62,632
49	RESPIRATORY THERAPY	.293284	173,874	50,994
50	PHYSICAL THERAPY	.235762	1,124,982	265,228
51	OCCUPATIONAL THERAPY	.196016	693,445	135,926
52	SPEECH PATHOLOGY	.552005	36,556	20,179
53	ELECTROCARDIOLOGY	.156637	33,556	5,256
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.126206	267,404	33,748
56	DRUGS CHARGED TO PATIENTS	.328206	353,977	116,177
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.540684		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.505801		
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,425,572	716,030
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		3,425,572	



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 6/30/2009	I PART B
I 14-1348	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,729,097
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,729,097

## COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,756,388
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	38,469
18.01	CAH ACTUAL BILLED COINSURANCE	2,350,698
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	367,221
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	367,221
24	PRIMARY PAYER PAYMENTS	270
25	SUBTOTAL	366,951
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	294,668
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	294,668
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	279,551
28	SUBTOTAL	661,619
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	661,619
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,169,265
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-507,646
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	45,459

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
54	TOTAL (SUM OF LINES 51 AND 53)

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2009	I
I 14-1348	I	I

## TITLE XVIII

## HOSPITAL

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99	NONE	NONE	
4 TOTAL INTERIM PAYMENTS	1,692,199		1,169,265
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99	NONE	NONE	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01	174,950	
	SETTLEMENT TO PROGRAM .02		507,646
7 TOTAL MEDICARE PROGRAM LIABILITY		1,867,149	661,619

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2009	I
I 14-Z348	I	I

## TITLE XVIII

## SWING BED SNF

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
- 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.
- 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
ADJUSTMENTS TO PROGRAM	.99

1,845,801
NONE

NONE

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

NONE
1,845,801

NONE

TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
TENTATIVE TO PROGRAM	.99

SUBTOTAL

6 DETERMINED NET SETTLEMENT

AMOUNT (BALANCE DUE)

BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

NONE
358,469

NONE

7 TOTAL MEDICARE PROGRAM LIABILITY

2,204,270

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I
I COMPONENT NO:	I TO 6/30/2009	I WORKSHEET E-2
I 14-Z348	I	I

## TITLE XVIII

## SWING BED SNF

## COMPUTATION OF NET COST OF COVERED SERVICES

PART A  
1PART B  
2

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,565,106
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	723,190
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
5	PROGRAM DAYS	2,660
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY	
8	SUBTOTAL	2,288,296
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	
10	SUBTOTAL	2,288,296
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)	
12	SUBTOTAL	2,288,296
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	84,175
14	80% OF PART B COSTS	
15	SUBTOTAL	2,204,121
16	OTHER ADJUSTMENTS (SPECIFY)	
17	REIMBURSABLE BAD DEBTS	149
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL	2,204,270
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
20	INTERIM PAYMENTS	1,845,801
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	358,469
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	896
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2009	I PART II
I 14-1348	I	I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES	2,243,526
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,243,526
5	PRIMARY PAYER PAYMENTS	2,671
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,263,264
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,263,264
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	435,984
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,827,280
23	COINSURANCE	
24	SUBTOTAL	1,827,280
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	39,869
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	39,869
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	35,109
26	SUBTOTAL	1,867,149
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,867,149
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,692,199
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	174,950
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	7,804

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
14-1348I PERIOD:  
I FROM 7/ 1/2008  
I TO 6/30/2009

I PREPARED 11/24/2009

I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	175,327			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,461,755			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-408,577			
7	INVENTORY	393,743			
8	PREPAID EXPENSES	106,479			
9	OTHER CURRENT ASSETS	8,769			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	2,737,496			
FIXED ASSETS					
12	LAND	39,727			
12.01					
13	LAND IMPROVEMENTS	98,110			
13.01	LESS ACCUMULATED DEPRECIATION	-52,153			
14	BUILDINGS	1,764,124			
14.01	LESS ACCUMULATED DEPRECIATION	-596,758			
15	LEASEHOLD IMPROVEMENTS	618,433			
15.01	LESS ACCUMULATED DEPRECIATION	-210,344			
16	FIXED EQUIPMENT	684,713			
16.01	LESS ACCUMULATED DEPRECIATION	-86,445			
17	AUTOMOBILES AND TRUCKS	2,501			
17.01	LESS ACCUMULATED DEPRECIATION	-2,501			
18	MAJOR MOVABLE EQUIPMENT	3,002,462			
18.01	LESS ACCUMULATED DEPRECIATION	-1,702,611			
19	MINOR EQUIPMENT DEPRECIABLE	1,238,626			
19.01	LESS ACCUMULATED DEPRECIATION	-952,475			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	3,845,409			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	197,329			
26	TOTAL OTHER ASSETS	197,329			
27	TOTAL ASSETS	6,780,234			

## BALANCE SHEET

PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 14-1348 I FROM 7/ 1/2008 I  
 I TO 6/30/2009 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	716,567			
29 SALARIES, WAGES & FEES PAYABLE	673,268			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	8,908,614			
35 OTHER CURRENT LIABILITIES	57,788			
36 TOTAL CURRENT LIABILITIES	10,356,237			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	10,356,237			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-3,576,003			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-3,576,003			
52 TOTAL LIABILITIES AND FUND BALANCES	6,780,234			

## STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET G-1
I		I	TO 6/30/2009	I	

	GENERAL FUND	SPECIFIC PURPOSE FUND	
	1	2 3	4
1	FUND BALANCE AT BEGINNING		
	OF PERIOD	-4,052,252	
2	NET INCOME (LOSS)	559,139	
3	TOTAL	-3,493,113	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5	MISCELLANEOUS ADJUSTMENT	-82,890	
6			
7			
8			
9			
10	TOTAL ADDITIONS	-82,890	
11	SUBTOTAL	-3,576,003	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF	-3,576,003	
	PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND	
	5	6 7	8
1	FUND BALANCE AT BEGINNING		
	OF PERIOD		
2	NET INCOME (LOSS)		
3	TOTAL		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5	MISCELLANEOUS ADJUSTMENT		
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF		
	PERIOD PER BALANCE SHEET		



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET G-2
I		I	TO 6/30/2009	I	PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,021,333		6,021,333
4 00 SWING BED - SNF	1,950,024		1,950,024
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,971,357		7,971,357
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	7,971,357		7,971,357
17 00 ANCILLARY SERVICES	12,201,718		12,201,718
18 00 OUTPATIENT SERVICES		44,230,522	44,230,522
18 50 RHC			
19 00 HOME HEALTH AGENCY		893,962	893,962
24 00 PROFESSIONAL FEES	730,142	1,043,811	1,773,953
25 00 TOTAL PATIENT REVENUES	20,903,217	46,168,295	67,071,512

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	20,049,297
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	20,049,297

## STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 14-1348 I PERIOD: 7/ 1/2008 I PREPARED 11/24/2009  
 I TO 6/30/2009 I WORKSHEET G-3

## DESCRIPTION

1	TOTAL PATIENT REVENUES	67,071,512
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	46,734,852
3	NET PATIENT REVENUES	20,336,660
4	LESS: TOTAL OPERATING EXPENSES	20,049,297
5	NET INCOME FROM SERVICE TO PATIENTS	287,363
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	115,517
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	4,219
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,647
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	90
22	RENTAL OF HOSPITAL SPACE	84,309
23	GOVERNMENTAL APPROPRIATIONS	49,260
24	GAIN ON SALE OF ASSETS	3,292
24.01	INSERVICE EDUCATION CLASSES	315
24.02	MISCELLANEOUS	13,127
25	TOTAL OTHER INCOME	271,776
26	TOTAL	559,139
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	559,139

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	63,998	9,766	36,189		52,450	162,403
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	127,494	19,456				146,950
7 PHYSICAL THERAPY	97,175	14,829				112,004
8 OCCUPATIONAL THERAPY	18,457	2,817				21,274
9 SPEECH PATHOLOGY				3,627		3,627
10 MEDICAL SOCIAL SERVICES	214	33				247
11 HOME HEALTH AIDE						
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	307,338	46,901	36,189	3,627	52,450	446,505

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	-427	161,976	-19,889	142,087
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE	-852	146,098		146,098
7 PHYSICAL THERAPY	-649	111,355		111,355
8 OCCUPATIONAL THERAPY	-123	21,151		21,151
9 SPEECH PATHOLOGY		3,627		3,627
10 MEDICAL SOCIAL SERVICES	-1	246		246
11 HOME HEALTH AIDE				
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-2,052	444,453	-19,889	424,564

HHA 1

TOTAL

6

	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	219,586
7	PHYSICAL THERAPY	167,367
8	OCCUPATIONAL THERAPY	31,790
9	SPEECH PATHOLOGY	5,451
10	MEDICAL SOCIAL SERVICES	370
11	HOME HEALTH AIDE	
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	424,564

Health Financial Systems  
COST ALLOCATION -  
HHA STATISTICAL BASIS

MCRIF32

FOR RED BUD REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET H-4
I	HHA NO:	I	TO 6/30/2009	I	PART II
I	14-7486	I		I	

HHA 1

	CAP-REL COST-BLDG & FIX ( FEET ) 1	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE ) 2	PLANT OPER & MAINT ( FEET ) 3	TRANSPORTATIO N ( MILEAGE ) 4	RECONCILIATIO N ( ) 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST ) 5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-142,087	282,477
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						146,098
7 PHYSICAL THERAPY						111,355
8 OCCUPATIONAL THERAPY						21,151
9 SPEECH PATHOLOGY						3,627
10 MEDICAL SOCIAL SERVICES						246
11 HOME HEALTH AIDE						
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-142,087	282,477
25 COST TO BE ALLOCATED						142,087
26 UNIT COST MULTIPLIER						.503004

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				10,827		
2 SKILLED NURSING CARE	219,586					
3 PHYSICAL THERAPY	167,367					
4 OCCUPATIONAL THERAPY	31,790					
5 SPEECH PATHOLOGY	5,451					
6 MEDICAL SOCIAL SERVICES	370					
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	424,564			10,827		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	10,827	2,833	84,921		14,859	
2 SKILLED NURSING CARE	219,586	57,449				
3 PHYSICAL THERAPY	167,367	43,787				
4 OCCUPATIONAL THERAPY	31,790	8,317				
5 SPEECH PATHOLOGY	5,451	1,426				
6 MEDICAL SOCIAL SERVICES	370	97				
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	435,391	113,909	84,921		14,859	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS

FOR RED BUD REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 14-1348 I FROM 7/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2009 I PART I  
 I 14-7486 I

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
1 ADMIN & GENERAL	7,640		966			122,046
2 SKILLED NURSING CARE						277,035
3 PHYSICAL THERAPY						211,154
4 OCCUPATIONAL THERAPY						40,107
5 SPEECH PATHOLOGY						6,877
6 MEDICAL SOCIAL SERVICES						467
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,640		966			657,686
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		122,046		
2 SKILLED NURSING CARE		277,035	63,123	340,158
3 PHYSICAL THERAPY		211,154	48,112	259,266
4 OCCUPATIONAL THERAPY		40,107	9,138	49,245
5 SPEECH PATHOLOGY		6,877	1,567	8,444
6 MEDICAL SOCIAL SERVICES		467	106	573
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		657,686	122,046	657,686
21 UNIT COST MULTIPLIER			0.227851	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR ) VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BEN EFITS (GROSS ) LARIES	RECONCILIATI ON
	1	2	3	4	5	6A
1 ADMIN & GENERAL			3,092			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			3,092			
21 COST TO BE ALLOCATED			10,827			
22 UNIT COST MULTIPLIER			3.501617			

HHA COST CENTER	ADMINISTRATI VE & GENERAL ( ACCUM. COST	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF ) LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS ) SERVED	CAFETERIA (MEALS ) SERVED
	6	8	9	10	11	12
1 ADMIN & GENERAL	10,827	3,092		3,092		605
2 SKILLED NURSING CARE	219,586					
3 PHYSICAL THERAPY	167,367					
4 OCCUPATIONAL THERAPY	31,790					
5 SPEECH PATHOLOGY	5,451					
6 MEDICAL SOCIAL SERVICES	370					
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	435,391	3,092		3,092		605
21 COST TO BE ALLOCATED	113,909	84,921		14,859		7,640
22 UNIT COST MULTIPLIER	0.261625	27.464748		4.805627		12.628099



Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR RED BUD REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 14-1348 I FROM 7/ 1/2008 I WORKSHEET H-5  
 HHA NO: I TO 6/30/2009 I PART II  
 14-7486 I

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (NURSING SALARIES 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS. 15	PHARMACY (COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17
1 ADMIN & GENERAL		3,611		
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)		3,611		
21 COST TO BE ALLOCATED		966		
22 UNIT COST MULTIPLIER		0.267516		

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
I 14-1348 I FROM 7/ 1/2008 I WORKSHEET H-6  
I HHA NO: I TO 6/30/2009 I PARTS I II & III  
I 14-7486 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS PART A 6
1 SKILLED NURSING	2	340,158		340,158	2,364	143.89	1,022
2 PHYSICAL THERAPY	3	259,266		259,266	1,992	130.15	1,011
3 OCCUPATIONAL THERAPY	4	49,245		49,245	319	154.37	151
4 SPEECH PATHOLOGY	5	8,444		8,444	52	162.38	63
5 MEDICAL SOCIAL SERVICES	6	573		573	8	71.63	2
6 HOME HEALTH AIDE SERVICE	7				246		150
7 TOTAL		657,686		657,686	4,981		2,399

-----PROGRAM VISITS-----				-----COST OF SERVICES-----				TOTAL PROGRAM COST 12
-----PART B-----				-----PART B-----				
NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11				
1 SKILLED NURSING	655		147,056	94,248		241,304		
2 PHYSICAL THERAPY	547		131,582	71,192		202,774		
3 OCCUPATIONAL THERAPY	79		23,310	12,195		35,505		
4 SPEECH PATHOLOGY	3		10,230	487		10,717		
5 MEDICAL SOCIAL SERVICES	3		143	215		358		
6 HOME HEALTH AIDE SERVICES	82							
7 TOTAL	1,369		312,321	178,337		490,658		

LIMITATION COST  
COMPUTATION

PATIENT SERVICES

	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8 SKILLED NURSING						
8.01 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
14 TOTAL						

-----PROGRAM VISITS-----				-----COST OF SERVICES-----				TOTAL PROGRAM COST 12
-----PART B-----				-----PART B-----				
NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11				
8 SKILLED NURSING								
8.01 SKILLED NURSING								
9 PHYSICAL THERAPY								
9.01 PHYSICAL THERAPY								
10 OCCUPATIONAL THERAPY								
10.01 OCCUPATIONAL THERAPY								
11 SPEECH PATHOLOGY								
11.01 SPEECH PATHOLOGY								
12 MEDICAL SOCIAL SERVICES								
12.01 MEDICAL SOCIAL SERVICES								
13 HOME HEALTH AIDE SERVICE								
13.01 HOME HEALTH AIDE SERVICE								
14 TOTAL								

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET H-6
I HHA NO:	I TO 6/30/2009	I PARTS I II & III
I 14-7486		I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES PART B	SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	COST OF SERVICES PART B	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
		7	8	9		10	11
15 COST OF MEDICAL SUPPLIES							
16 COST OF DRUGS							
16.20 COST OF DRUGS							

PER BENEFICIARY COST  
LIMITATION:

MSA NUMBER	AMOUNT
1	2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4  
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4  
17 PER BENE COST LIMITATION (FRM FI)  
17.01 PER BENE COST LIMITATION (FRM FI)  
18 PER BENE COST LIMITATION (LN 17\*18)

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.235762			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.196016			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.552005			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.126206			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.328206			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE	PROGRAM VISITS	PROGRAM COSTS	PROG VISITS ON OR AFTER
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4
1 PHYSICAL THERAPY	2	130.15				5
2 OCCUPATIONAL THERAPY	3	154.37				
3 SPEECH PATHOLOGY	4	162.38				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 14-1348	I FROM 7/ 1/2008	I WORKSHEET H-7
I HHA NO:	I TO 6/30/2009	I PARTS I & II
I 14-7486	I	I

## TITLE XVIII

## HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES  
PART A
 PART B  
NOT SUBJECT TO  
DED & COINS  
2

 PART B  
SUBJECT TO  
DED & COINS  
3

1

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR  
PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS  
LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE  
BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE  
WITH 42 CFR 413.13(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL  
REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 9 PRIMARY PAYOR AMOUNTS

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

 PART A  
SERVICES  
1

 PART B  
SERVICES  
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	413,776	244,191
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	466	2,511
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES		440
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	414,242	247,142
13	EXCESS REASONABLE COST		
14	SUBTOTAL	414,242	247,142
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	414,242	247,142
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	414,242	247,142
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	414,242	247,142
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	414,242	247,142
25	INTERIM PAYMENTS	414,242	247,142
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO I  
PROGRAM BENEFICIARIES I

PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
14-1348 I FROM 7/ 1/2008 I WORKSHEET H-8  
HHA NO: I TO 6/30/2009 I  
14-7486 I

TITLE XVIII

HHA 1

## DESCRIPTION

MM/DD/YYYY	P A R T A		P A R T B	
	1	2	3	4
	AMOUNT		AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		414,242		247,142
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		414,242		247,142
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		414,242		247,142

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2009
I	14-1348	I	FROM 7/ 1/2008	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2009	I	PARTS I-IV
I	14-1348	I		I	

TITLE XIX

HOSPITAL

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

## PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

## PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

## PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	